С			R REIMBURSEMENT	OFFICE				VOUCHER NUMBER SCHEDULE NUMBER				
			EXPENDITURES FICIAL BUSINESS									
Read the Privacy Act Statement on the back of						his form.	5. PAID BY				_	
	a. NAMI	E (Last	, first, middle initial)			b. SOCIAL SECURI	TY NUMBER					
4. CLAIMANT						d. OFFICE TELEPHONE NUMBER						
6. E	XPENDI	TURES	(If fare claimed in col. (g) exceeds	s charge for	one person, show in co	ol. (h) the number of	additional per	sons which acc	companied the	e claimant)	
DATE Show appropriate code in col. (b):							MILEAGE	AGE AMOUNT CLAIMED				_
O A - Local travel D B - Telephone or telegraph, E C - Other Expenses (itemize			B - Telephone or telegraph, or C - Other Expenses (itemized)	ain expenditures in specific detail.)			RATE ¢ NO. OF	MILEAGE	FARE OR TOLL	ADD. PER- SONS	TIPS AND MISCEL- LANEOUS	
(a)		(b)	(c) FROM (d)			го	MILES <i>(e)</i>	(f)	(g)	(h)	(i)	,
												_
								ĺ			ĺ	
If additional space is required continue on the back. SUBTOTALS CARRITHE BACK						D FORWARD FROM						
7. AMOUNT CLAIMED (Total of cols (f), (g) and (i).)						TOTALS						
8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)						10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. PAYMENT DESIRED Sign Original Only CHECK CASH						
			Sign Original Only		DATE	CLAIMANT SIGN HERE	.			DATE		
APPROVING OFFICIAL SIGN HERE						11. CASH PAYMENT RECEIPT a. PAYEE (Signature) b. DATE					_	
		n is cer	tified correct and proper for payme	ent.	1	-						
Sign Original Only								С	. AMOUN	Т		
CERT OFFI	HORIZED TIFYING CER				DATE	12. PAYMENT MAI BY CHECK NO				\$		

OFFICER SIGN HERE

ACCOUNTING CLASSIFICATION